

## QUERIES AND MINOR NOTES

*The answers here published have been prepared by competent authorities. They do not, however, represent the opinions of any official bodies unless specifically stated in the reply. Anonymous communications and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted on request.*

### TOXIC PRODUCTS USED IN CLEANING CLOTHES

**To the Editor:**—A man aged 40 with severe hypertension and acute nephritis works in a clothes cleaning place. He is constantly using the following chemicals: (1) pyratex,® picrin,® cyclo® and fabrical® soap sold by R. Street, Inc., 561 West Monroe Street, Chicago; (2) amyl acetate from Mallinckrodt Chemical Works, Philadelphia; (3) Buckeye (paint, oil and grease remover) from the Davis Young Company, Dayton, Ohio, and (4) Stoddard solvent from Washington Petroleum Products Inc., of Friendship Heights, Md. Could any of these products have a bad effect on or cause his disease? Leland S. Madden, M.D., Washington, D. C.

**ANSWER:**—The spotting table of any sizable dry cleaning establishment is arrayed with small quantities of assorted cleaning agents. About half are demonstrably toxic, including the treacherous hydrofluoric acid, benzene and carbon tetrachloride. It is improper to condemn these substances from their mere presence since their appropriate use ordinarily involves small quantities, used irregularly. Garment spotting is an art with special requirements for different stains from asphalt, iodine, lipstick and ink to blood and other agents. Most spotters, besides employing the somewhat standard chemicals, cherish a few secret concoctions to enhance their standing. Spotting agent manufacturers sometimes rely on the low limit of exposure to justify the use of some of industry's notable intoxicants. In the aggregate the trade names mentioned embrace or may embrace carbon tetrachloride, chloroform, trichloroethylene, tetrachloroethylene, acetone, benzene, naphtha, carbon disulfide, amyl acetate, possibly methyl alcohol, cyclohexanol or ether. Of all, Stoddard's solvent may cause the least concern since it is high flash naphtha, little evaporable but sometimes provokes dermatitis. It is medically injudicious to accuse any one trade-named product or chemical entity of being productive of the disease state mentioned, but more careful examination should be directed to the possibility of injury from carbon tetrachloride or benzene. None is well known for inducing nephritis and hypertension as sole manifestations; if these diseases are due to them, the additive effects from several agents may be important. Although this precaution is seldom taken, spotting work should be isolated in well ventilated booths.

### CHRONIC ULCERS ON LEG

**To the Editor:**—A woman aged 60, of spare build, has had a large patch of ulcerations on the right leg, above the ankle, over the toes and behind the ankle, for several years. She has rheumatoid arthritis but gets about and does her domestic work. Treatment hitherto given has been legion, as she has tried all the nearby doctors. The blood pressure is normal for her age. The urine is sugar free and albumin free, and the reaction of the blood to the Wassermann test is negative. The ulceration has an offensive smell and weeps continuously; some areas appear able to produce struggling epithelium, but most of the patch is frankly superficially gangrenous. I have used the simplest of applications, allantoin ointment, zinc oxide and isotonic sodium chloride solution continuously, each at separate times. But the leg remains unhealed. She is courageous and does not complain. I would be grateful for your advice.

C. A. Allan, M.D., Dundee, Angus, Scotland.

**ANSWER:**—So-called circulatory ulcers, particularly those associated with varicosities, ulcers that are due to syphilis (even with a negative Wassermann reaction), ecthyma, erythema induratum and phagedenic ulcers must be considered in the diagnosis of this case. Unfortunately the brief data given are not sufficient to aid in establishing a diagnosis.

Bacteriologic studies would determine the causative organisms if the case was one of phagedenic ulcer or of ecthyma, and a blood sugar determination would determine whether or not the ulcers are diabetic. It is sometimes necessary to complement such laboratory determinations with a histologic examination, for most granulomas may become ulcerated when they occur on the legs. Until an accurate diagnosis is established, it would be well to employ soothing antiseptic dressings, an antibiotic preparation such as penicillin to control any secondary infection, enforced rest and/or support to the legs with elastic bandages.

### FENESTRATION OPERATION FOR OTOSCLEROSIS

**To the Editor:**—A member of my family contemplates a fenestration operation for otosclerosis. She is 51 years of age and has bronchial asthma. What is the consensus regarding this procedure with respect to mortality, morbidity and particularly the results to be expected, such as the restoration of hearing. The hearing in this patient is only partially impaired, but it is the opinion of the otologist that without fenestration further deafness will ensue. Lee W. Lerner, M.D., New York.

**ANSWER:**—The published results of the fenestration operation show considerable variance, depending on the particular technic used, on the skill and experience of the surgeon and on the criteria used for estimating the success of the operation. In the hands of an otologist experienced in this highly specialized procedure the patient who is ideally suited for the operation may expect a permanent hearing improvement sufficient to enable him to get along without a hearing aid in 70 to 80 per cent of cases. Closure of the fenestra, requiring reoperation, at one time occurred in 40 to 50 per cent of operations. Now it occurs considerably less frequently with the refinements in technics of the past few years, so that at present with certain technics fewer than 5 per cent of patients require reoperation.

The risks of the fenestration operation have proved to be small, the chief dangers being further loss of hearing in the treated ear, persistent dizziness and facial nerve paralysis. These untoward results have been comparatively rare in the published reports of large series of surgically treated patients. The successful fenestration operation never restores the hearing completely to normal, but it should bring the hearing to within 30 decibels of normal in 70 to 80 per cent of cases judged to be ideally suited for this procedure.

### DIANETICS

**To the Editor:**—Patients are beginning to request medical opinion on "dianetic treatment," and I am at a loss as to what they should be told. What is the attitude of leading psychiatrists toward the method as recommended in the book on "dianetic therapy" by L. Ron Hubbard? M.D., Minnesota.

This inquiry was referred to two authorities, whose replies follow.—ED.

**ANSWER:**—Dianetic treatment cannot be considered a "form of psychiatry." It does not take cognizance of the observations and views of psychiatrists. Articles on dianetics have not appeared in national psychiatric journals, but a long article appeared recently in a science-fiction magazine. The author, L. Ron Hubbard, is best known as a science-fiction writer. The author of the recently published "Handbook on Dianetics" makes fantastic claims as to the efficacy of his therapy, completely brushes aside current medical psychiatric understanding of mental disturbances and of psychotherapy. Because it promises so much to the reader, the book and the views of the author will probably attract attention. The book will be confusing to readers and cannot be recommended by responsible physicians.

**ANSWER:**—The 400 page "Dianetics: The Modern Science of Mental Health," by L. Ron Hubbard, is the only material available on this subject known to the writer. Although a preface is written by a physician, the subject is not presented as being related to medicine. Psychiatry would certainly not claim it. The author is a layman and describes in his system of "treatment" a method whereby one layman can help another overcome a psychologic illness. Apparently the author thinks in terms of mathematics and of man as a machine. His theory is that psychologic difficulties are caused by "blocked engrams," memory images which are confused or distorted in the body cells of the subject. Once these are "recalled" and "cleared," the subject gets well and remains well. The author makes gross errors in his oversimplification of the personality structure and function. His elaborate claims in the "treatment" results are unsupported.